



Practitioner's Docket No. 19400/09003

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Deborah A. Schade, Kimberly L. Merkel and James W. Hansen

Application No.: 09/381,484

Group No.: 1617

Filed: 02/28/2000

Examiner: Shengjun Wang

For: USE OF DOCOSAHEXAENOIC ACID AND ARACHIDONIC ACID ENHANCING THE GROWTH OF PRETERM INFANTS

Commissioner for Patents

P.O. Box 1450

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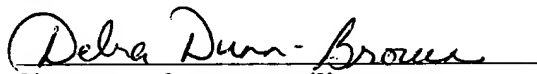
1. Fee Transmittal (1 page)
2. Request for Oral Hearing w/ duplicate (1 page)
3. Applicant's Reply Brief to Examiner's Answer (6 pages)
4. Check No. 28795 for \$1,000.00 (1 page)
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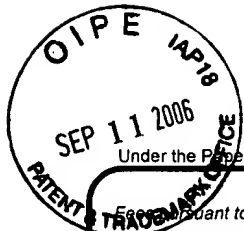
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Subject to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,000.00

Complete if Known

Application Number	09/381,484
Filing Date	February 28, 2000
First Named Inventor	Schade et al.
Examiner Name	Shengjun Wang
Art Unit	1617
Attorney Docket No.	19400/09003

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 50-2548 Deposit Account Name: Nelson Mullins

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____	x _____	= _____
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____	x _____	= _____
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Oral Hearing

1,000.00

SUBMITTED BY

Signature	<u>Nichole Andrighetti</u>	Registration No. (Attorney/Agent) 56,508	Telephone (864) 250-2292
Name (Print/Type)	Nichole Andrighetti		Date September 7, 2006

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